

Revision: HCFA-PM-91- 4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 21
OMB NO.: 0938-

State: ALASKA

Agency* Citation(s) Groups Covered
* The Department of Health and Social Services

B. Optional Groups Other Than the Medically Needy
(Continued)

- 1902(a) ☒ 15. The following individuals who are not
(10)(A) mandatory categorically needy, who have income
(ii)(IX) that does not exceed the income level
and 1902(1)(1) (established at an amount up to 100 percent
(D) of the Act of the Federal poverty level) specified in
Supplement 1 of ATTACHMENT 2.6-A for a family
of the same size.

Children who are born after September 30, 1983
and who have attained 6 years of age but have
not attained--

☒ 7 years of age; or

☒ 8 years of age.

This is now mandatory--see Section A.13. of
Attachment 2.2-A.

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State: ALASKA

Agency* Citation(s) Groups Covered
* The Department of Health and Social Services

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a) ☒
(ii)(X)
and 1902(m)
(1) and (3)
of the Act

16. Individuals--

- a. Who are 65 years of age or older or are disabled, as determined under section 1614(a)(3) of the Act. Both aged and disabled individuals are covered under this eligibility group.
- b. Whose income does not exceed the income level (established at an amount up to 100 percent of the Federal income poverty level) specified in Supplement 1 to ATTACHMENT 2.6-A for a family of the same size; and
- c. Whose resources do not exceed the maximum amount allowed under SSI; under the State's more restrictive financial criteria; or under the State's medically needy program as specified in ATTACHMENT 2.6-A.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: ALASKA

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation(s)

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(47)
and 1920 of
the Act

- 17. Pregnant women who are determined by a "qualified provider" (as defined in §1920(b)(2) of the Act) based on preliminary information, to meet the highest applicable income criteria specified in this plan under ATTACHMENT 2.6-A and are therefore determined to be presumptively eligible during a presumptive eligibility period in accordance with §1920 of the Act.

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Citation

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1906 of the
Act

18. Individuals required to enroll in cost-effective employer-based group health plans remain eligible for a minimum enrollment period of six months.

1902(a)(10)(F)
and 1902(u)(1)
of the Act

19. Individuals entitled to elect COBRA continuation coverage and whose income as determined under Section 1612 of the Act for purposes of the SSI program, is no more than 100 percent of the Federal poverty level, whose resources are no more than twice the SSI resource limit for an individual, and for whom the State determines that the cost of COBRA premiums is likely to be less than the Medicaid expenditures for an equivalent set of services. See Supplement 11 to Attachment 2.6-A.

TN No. 91-15
Supercedes
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Citation	Groups Covered
	B. Optional Coverage Other Than the Medically Needy (Continued)
1902(a)(10)(A) (ii)(XIV) of the Act	<p><u>X</u> 19. Optional Targeted Low Income Children who:</p> <ul style="list-style-type: none">a. are not eligible for Medicaid under any other optional or mandatory eligibility group or eligible as medically needy (without spenddown liability);b. would not be eligible for Medicaid under the policies in the State's Medicaid plan as in effect on April 15, 1997 (other than because of the age expansion provided for in 1902(l)(2)(D));c. are not covered under a group health plan or other group health insurance (as such terms are defined in 2791 of the Public Health Service Act coverage) other than under a health insurance program in operation before July 1, 1997 offered by a State which receives no Federal funds for the program;d. have family income at or below: 200 percent of the Federal poverty level for the size family involved, as revised annually in the Federal Register; or

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Supersedes
TN No. 2 Approval Date 11/20/98 Effective Date 3/1/99

Citation	Groups Covered
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A percentage of the Federal poverty guideline, which is in excess of the "Medicaid applicable income level" (as defined in 2110(b)(4) of the Act) but by no more than 50 percentage points.

The State covers:

X All children described above who are under age 19 (18, 19) with family income at or below 200 percent of the Federal poverty guideline.

 The following reasonable classifications of children described above who are under age (18, 19) with family income at or below the percent of the Federal poverty guideline specified for the classification:

(ADD NARRATIVE DESCRIPTION(S) OF THE REASONABLE CLASSIFICATION(S) AND THE PERCENT OF THE FEDERAL POVERTY GUIDELINE USED TO ESTABLISH ELIGIBILITY FOR EACH CLASSIFICATION.)

84 1/1/99 1902(e)(12) of the Act X 20.

A child under age 19 (not to exceed age 19) who has been determined eligible is deemed to be eligible for

TN No. 99-002 Approval Date 1/1/99 Effective Date 1/1/99 & 3/1/99

Supersedes TN No. 98-013

Item # 20 is effective 1/1/99

COVERAGE AND CONDITIONS OF ELIGIBILITY

Citation	Groups Covered
	a total of <u>6</u> months (not to exceed 12 months) regardless of changes in circumstances other than attainment of the maximum age stated above.
1920A of the Act	<u>21.</u> Children under age 19 who are determined by a "qualified entity" (as defined in 1920A(b)(3)(A)) based on preliminary information, to meet the highest applicable income criteria specified in this plan. The presumptive period begins on the day that the determination is made. If an application for Medicaid is filed on the child's behalf by the last day of the month following the month in which the determination of presumptive eligibility was made, the presumptive period ends on the day that the State agency makes a determination of eligibility based on that application. If an application is not filed on the child's behalf by the last day of the month following the month the determination of presumptive eligibility was made, the presumptive period ends on that last day.
1902(a)(10)(A)	<u>X</u> 22. Working Disabled individuals whose net family income is below 250 percent of the federal poverty guideline for Alaska for a family of the size involved and who, except for earned income, meet all criteria for receiving the optional state supplement to SSI. See page 12c of ATTACHMENT 2.6-A

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Supersedes TN No. 99-003

State: ALASKA

Agency* Citation(s) Groups Covered
*The Department of Health and Social Services

C. Optional Coverage of the Medically Needy

42 CFR 435.301 This plan includes the medically needy.

☒ No.

☐ Yes. This plan covers:

1. Pregnant women who, except for income and/or resources, would be eligible as categorically needy under title XIX of the Act.

1902(e) of the Act

2. Women who, while pregnant, were eligible for and have applied for Medicaid and receive Medicaid as medically needy under the approved State plan on the date the pregnancy ends. These women continue to be eligible, as though they were pregnant, for all pregnancy-related and postpartum services under the plan for a 60-day period, beginning with the date the pregnancy ends, and any remaining days in the month in which the 60th day falls.

1902(a)(10)
(C)(ii)(I)
of the Act

3. Individuals under age 18 who, but for income and/or resources, would be eligible under section 1902(a)(10)(A)(i) of the Act.

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Agency* Citation(s) Groups Covered
* The Department of Health and Social Services

C. Optional Coverage of Medically Needy (Continued)

1902(e)(4) of
the Act

4. Newborn children born on or after
October 1, 1984 to a woman who is eligible
as medically needy and is receiving
Medicaid on the date of the child's birth. The child
is deemed to have applied and been found eligible for
Medicaid on the date of birth and remains eligible
for one year so long as the woman remains eligible
and the child is a member of the woman's household.

42 CFR 435.308

5. ☒ a. Financially eligible individuals who are not
described in section C.3. above and who are
under the age of--
____ 21
____ 20
____ 19
____ 18 or under age 19 who are full-time
students in a secondary school or in the
equivalent level of vocational or
technical training

☒ b. Reasonable classifications of financially
eligible individuals under the ages of 21, 20,
19, or 18 as specified below:

- ____ (1) Individuals for whom public agencies are
assuming full or partial financial
responsibility and who are:
- ____ (a) In foster homes (and are under the age
of ____).
- ____ (b) In private institutions (and are under
the age of ____).

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Agency* Citation(s) Groups Covered
* The Department of Health and Social Services

C. Optional Coverage of Medically Needy (Continued)

- (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of ____).
- (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of ____).
- (3) Individuals in NFs (who are under the age of ____). NF services are provided under this plan.
- (4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of ____).
- (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of ____). Inpatient psychiatric services for individuals under age 21 are provided under this plan.
- (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

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